

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ilya Feliksovich Iosilevich	COURT CASE NUMBER 1:22-cv-03714-RPK-LB
DEFENDANT The City of New York et al	TYPE OF PROCESS O, S, C

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
City of New York c/o Corporation Counsel
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
100 Church Street, New York, NY 10007

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW PRO SE Ilya Feliksovich Iosilevich 2401 Mermaid Avenue Brooklyn, NY 11224-2209	Number of process to be served with this Form 285 3
	Number of parties to be served in this case 5
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <u>V. Martinez</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (718) 613-2610	DATE 7/31/23
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>53</u>	District to Serve No. <u>53</u>	Signature of Authorized USMS Deputy or Clerk <u>J. Henney</u>	Date <u>11/1/24</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <u>A. Goebler NYC law dep.</u>	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <u>3/28/24</u> Time <u>1045</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <u>[Signature]</u> 32457

Service Fee	Total Mileage Charges including endeavors <u>4 miles</u>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:
only Tuesday - Thursday 9-5.
Thurs 01/19/24 Attempt 1 03/28/24 2nd Attempt

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED